

**STATE BUILDING STANDARDS CODE
(Part 1, Title 24, C.C.R.)**

**ADMINISTRATIVE REGULATIONS FOR THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD)
HOSPITAL BUILDING SAFETY**

CHAPTER 7. SAFETY STANDARDS FOR HEALTH FACILITIES

Article 1. General

7-101. Scope.

The regulations in this part shall apply to the administrative procedures necessary to implement the Alfred E. Alquist Act of 1983 and to comply with State Building Standards Law.

Section 129675 Health and Safety Code authorizes the OSHPD to enforce and amend the California Building Standards Code for the safety of hospitals, skilled nursing facilities and intermediate care facilities.

Unless otherwise stated, all references to sections of statute are sections found in the Health and Safety Code.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-103. Jurisdiction.

The following are within the jurisdiction of Office of Statewide Health Planning and Development:

(a) For development of regulations in the California Building Standards Code and enforcement thereof.

(1) Hospital buildings as defined by 129725, Health and Safety Code. Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

(2) Skilled nursing facilities as specified in paragraphs (2) and (3) of subdivision (b) of Section 129725, Health and Safety Code.

(3) Intermediate care facilities as specified in paragraphs (2) and (3) of subdivision (b) of Section 129725, Health and Safety Code.

(b) For development of regulations in the California Building Standards Code.

(1) Licensed clinics, as defined by Section 1200, Health and Safety Code, are under the jurisdiction of the local building official for enforcement.

EXCEPTION: When licensed under an acute care hospital and serving more than 25 percent inpatients pursuant to Sections 129725(b)(1) and 129730, Health and Safety Code, the Office shall retain jurisdiction for enforcement.

(2) Correctional Treatment Centers, as defined by Section 129725(b) 8, 9(A) or (B), Health and Safety Code, operated by or to be operated by a law enforcement agency of a city, county or a city and county are under the jurisdiction of the local enforcing agency for enforcement.

Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

(c) For hospital buildings, skilled nursing facilities and intermediate care facilities the Office shall also enforce the regulations of the California Building Standards Code as adopted by the Office of the State Fire Marshal and the Division of the State Architect/Access Compliance Section, for fire and life safety and accessibility compliance for persons with disabilities, respectively.

Correctional Treatment Centers shall certify to the Office in compliance with Section 7-156.

NOTE: Authority cited: Sections 127015, 129850 and 129905, Health and Safety Code. Reference: Sections 129675-129998, Health and Safety Code.

7-107. Interpretation.

No regulation shall be construed to deprive the Office of its right to exercise the powers conferred upon it by law, or to limit the Office in such enforcement as is necessary to secure safety of construction, as required by Division 107, Chapter 7 (commencing with Section 129675), Health and Safety Code.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code. Reference: Sections 129675-129998, Health and Safety Code.

7-109. Application of Regulations.

(a) Except as otherwise provided, these regulations and all applicable parts of the California Building Standards Code shall be the basis for design, plan review and observation of construction of hospital buildings, skilled nursing facilities and intermediate care facilities.

(b) Nonrequired structural alterations may be designed for any forces and constructed in any manner proposed by the applicant provided that the capability of existing structural elements to resist gravity, wind and seismic forces is not reduced or the loadings increased and further provided that new structural elements are connected to the existing structure in a manner as prescribed by these regulations.

(c) Additions, structural repairs or alterations to existing health facilities shall be made in accordance with the provisions of Part 2, Title 24, California Code of Regulations, California Building Standards Code.

(d) Before any health facility not previously licensed under Section 1250 of the Health and Safety Code can be licensed and used as a health facility, the applicant shall provide substantiating documentation from a structural engineer that the building is in full conformance with the requirements of the California Building Standards Code for new buildings; if not, the building shall be reconstructed to conform to the requirements of the California Building Standards Code.

(e) Routine maintenance and repairs shall not require prior approval by the Office but shall be performed in compliance with the applicable provisions of the California Building Standards Code.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

Article 2. Definitions

Unless otherwise stated, the words and phrases defined in this article shall have the meaning stated therein throughout Chapter 7, Part 1, Title 24.

7-111. Definitions.

"Addition" means any work which increases the floor or roof area or the volume of enclosed space of an existing building and is dependent on the structural elements of that facility for vertical or lateral support.

"Alteration" means any change in an existing building which does not increase and may decrease the floor or roof area or the volume of enclosed space.

"Approved drawings and specifications" means all drawings, specifications, addenda, change orders and deferred approvals which have the written approval of the Office. The stamp of the Office shall not be construed to mean the written approval of drawings required by Section 7-113.

"Architect" means a person who is certified and holds a valid license under Chapter 3 (commencing with Section 5500), Division 3, the Business and Professions Code.

"Assignment" means the project scope of services, expected results, completion time and the monetary limitation for the services.

"Associated structural alterations" means any change affecting existing structural elements or requiring new structural elements for vertical or lateral support of an otherwise nonstructural alteration.

"Candidate" means an applicant who is accepted by the Office as eligible to participate in a Hospital Inspector Certification Examination pursuant to the qualification criteria described in these regulations.

"Civil engineer" means an engineer holding a valid license under Chapter 7 (commencing with Section 6700), Division 3, the Business and Professions Code.

"Construction" means any construction, reconstruction or alteration of, or addition or repair to any health facility.

"Contract documents" means the owner/contractor agreement or similar legal instrument and includes the conditions of the contract (general, supplementary or other conditions); performance bond, labor and material bond, the drawings, the specifications; all addenda issued prior to the execution of the contract and all modifications.

"Deferred approvals" means those portions of the construction that cannot be fully detailed on the approved plans because of variations in product design and manufacture.

"Director" means the Director of the Office of Statewide Health Planning and Development or the Director's designee authorized to act in his or her behalf.

"Engineering geologist" means a person who is validly certified under Chapter 12.5 (commencing with Section 7800), Division 3, the Business and Professions Code, in that branch of engineering which is applicable.

"Firm" includes any qualified corporation, legal entity, architect or engineer.

"Health Facility" as used in this part and all applicable parts of the California Building Standards Code means any health facility licensed pursuant to Section 1250 of the Health and Safety Code under the jurisdiction of the Office.

(a)(1) **"Hospital building"** as used in this part and other applicable parts of the California Building Standards Code means any building used for a health facility of a type required to be licensed pursuant to Section 1250 of the Health and Safety Code.

(2) Except as provided in paragraph (9) of subdivision (b), hospital building includes a correctional treatment center, as defined in subdivision (j) of Section 1250, the construction of which was completed on or after March 7, 1973.

(b) "Hospital building" does not include any of the following:

(1) Any building in which outpatient clinical services of a health facility licensed pursuant to Section 1250 are provided that is separated from a building in which hospital services are provided. If any one or more outpatient clinical services in the building provides services to inpatients, the building shall not be included as a "hospital building" if those services provided to inpatients represent no more than 25 percent of the total outpatient visits provided at the building. Hospitals shall maintain on an ongoing basis, data on the patients receiving services in these buildings, including the number of patients seen, categorized by their inpatient or outpatient status. Hospitals shall submit this data annually to the State Department of Health Services.

(2) Any building used, or designed to be used, for a skilled nursing facility or intermediate care facility, if the building is of single-story, wood-frame or light steel frame construction.

(3) Any building of single-story, wood-frame or light steel frame construction in which only skilled nursing or intermediate care services are provided if the building is separated from a building housing other patients of the health facility receiving higher levels of care.

(4) Any freestanding structures of a chemical dependency recovery hospital exempted under the provisions of subdivision (c) of Section 1275.2.

(5) Any building licensed to be used as an intermediate care facility/developmentally disabled habilitative with six beds or less and any intermediate care facility/developmentally disabled habilitative of 7 to 15 beds that is a single-story, wood-frame or light steel frame building.

(6) Any building that has been used as a community care facility licensed pursuant to Chapter 3 (commencing with Section 1500) of Division 2, and was originally licensed to provide that level of care prior to March 7, 1973, if:

(A) The building complied with applicable building and safety standards at the time of that licensure,

(B) The Director of Health Services, upon application, determines that in order to continue to properly serve the facility's existing client population, relicensure as an intermediate care facility/developmentally disabled will be required.

(7) Any building that has been used as a community care facility pursuant to paragraph (1) or (2) of subdivision (a) of Section 1502, and was originally licensed to provide that level of care if all of the following conditions are satisfied:

(A) The building complied with applicable building and safety standards for a community care facility at the time of that licensure.

(B) The facility conforms to the 1973 edition of the Uniform Building Code of the International Conference of Building Officials as a community care facility.

(C) The facility is other than single story, but no more than two stories, and the upper story is licensed for ambulatory patients only.

(D) A certificate of need was granted prior to July 1, 1983, for conversion of a community care facility to an intermediate care facility.

(E) The facility otherwise meets all nonstructural construction standards for intermediate care facilities in existence on the effective date of this act or obtains waivers from the appropriate agency.

The exemption provided in this paragraph extends only to use of the building as an intermediate care facility as defined in subdivision (d) of Section 1250 and the facility is in Health Facilities Planning Area 1420.

(8) Any building subject to licensure as a correctional treatment center, as defined in subdivision (j) of Section 1250, the construction which was completed prior to March 7, 1973.

(9)(A) Any building that meets the definition of a correctional treatment center, pursuant to subdivision (j) of Section 1250, for which the final design documents were completed or the construction of which was begun prior to January 1, 1994, operated by or to be operated by the Department of Corrections, the Department of the Youth Authority, or by a law enforcement agency of a city, county, or a city and county.

(B) In the case of reconstruction, alteration, or addition to, the facilities identified in this paragraph , and paragraph (8) or any other building subject to licensure as a general acute care hospital, acute psychiatric hospital, correction treatment center, or nursing facility, as defined in subdivisions (a), (b), (j), and (k) of Section 1250, operated or to be operated by the Department of Corrections, the Department of the Youth Authority, or by a law enforcement agency of city, a county, or city and county, only the reconstruction, alteration , or addition, itself, and not the building as a whole, nor any other aspect thereof, shall be required to comply with this chapter or the regulations adopted pursuant thereto.

"Hospital Building Safety Board" means the Board which shall advise the Director and, notwithstanding Health and Safety Code Section 13142.6 and except as provided in Section 18945, shall act as a board of appeals in all matters relating to the administration and enforcement of building standards relating to the design, construction, alteration, and seismic safety of hospital building projects submitted to the Office pursuant to this chapter.

Further, notwithstanding Section 13142.6, the Board shall act as the board of appeals in matters relating to all fire and panic safety regulations and alternate means of protection determinations for hospital building projects submitted to the Office pursuant to this chapter.

The Board shall consist of 16 members appointed by the Director of the Office. Of the appointive members, two shall be structural engineers, two shall be architects, one shall be an engineering geologist, one shall be a geotechnical engineer, one shall be a mechanical engineer, one shall be an electrical engineer, one shall be a hospital facilities manager, one shall be a local building official, one shall be a general contractor, one shall be a fire and panic safety representative, one shall be a hospital inspector of record and three shall be members of the general public.

There shall be six exofficio members of the Board, who shall be the Director of the Office, the State Fire Marshal, the State Geologist, the Executive Director of the California Building Standards Commission, the State Director of Health Services, and the Deputy Director of the Facilities Development Division in the Office, or their officially designated representatives.

"Hospital Inspector" means an individual who has passed the OSHPD certification examination and possesses a valid Hospital Inspector Certificate (or Construction Inspector for Health Facilities Certificate) issued by Office.

"Hospital Inspector of Record" means an individual who is:

(1) an OSHPD certified Hospital Inspector, pursuant to the provisions of these regulations and

(2) employed by the hospital governing board or authority and

(3) approved by the architect and/or engineer in responsible charge and the Office as being satisfactory to inspect a specified construction project.

"License" means the basic document issued by the Department of Health Services permitting the operation of a health facility under the provisions of Title 22, California Code of Regulations, Division 5.

"Local government entity" means a building department of a city, city and county, or county.

"Maximum probable earthquake" means the maximum probable earthquake-induced ground motion having a 10 percent probability of being exceeded in 50 years.

"Minority, women and disabled veteran business enterprise," shall have the respective meanings set forth in Section 10115.1 of the Public Contract Code.

"Nonrequired structural alteration" means any alteration of existing structural elements or provision of new structural elements which is not necessary for vertical or lateral support of other work and is initiated by the applicant primarily for the purpose of increasing the vertical or lateral load carrying strength or stiffness of an existing building.

"Nonstructural alteration" means any alteration which neither affects existing structural elements nor requires new structural elements for vertical or lateral support and which does not increase the lateral force in any story by more than five percent.

"Office" means the Facilities Development Division within the Office of Statewide Health Planning and Development.

"Reconstruction" means the rebuilding of any "existing building" to bring it into full compliance with these regulations and all applicable parts of the California Building Standards Code.

"Site data" means reports of investigation into geology, earthquake ground motion and geotechnical aspects of the site of a health facility construction project.

"Small business" means a firm that complies with the provisions of Government Code Section 14837.

"Structural elements" means floor or roof diaphragms, decking, joists, slabs, beams or girders; columns; bearing walls; retaining walls; masonry or concrete nonbearing walls exceeding one story in height; foundations; shear walls or other lateral force resisting members; and any other elements necessary to the vertical and lateral strength or stability of either the building as a whole or any of its parts including connections between such elements.

"Structural engineer" means a person who is validly certified to use the title structural engineer under Chapter 7 (commencing with Section 6700), Division 3, the Business and Professions Code.

"Structural repairs" means any change affecting existing or requiring new structural elements primarily intended to correct the effects of deterioration or impending or actual failure, regardless of cause.

"Upper bound earthquake" means the ground motion having a 10 percent probability of being exceeded in a 100-year period or maximum level of motion which may be expected at the building site within the known geological framework.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

Article 3. Approval of Drawings and Specifications

7-113. Application for Plan Review.

(a) Except as otherwise provided in this part, before commencing construction of any health facility, the governing board or authority thereof shall submit an application to the Office for plan review, and shall have obtained the written approval thereof by the Office describing the scope of work included and any special conditions under which approval is given. The application shall contain a definite identifying name for the health facility, the name of the architect or registered engineer in general responsible charge of the work, the names of the architects or registered engineers who have been delegated responsibility for portions of the work, the estimated cost of the project and all such other information required for completion of the application. Refer to Section 7-131 regarding incremental design, bidding and construction.

(b) Submission of documents to the Office may be in three consecutive stages:

(1) One application for plan review and when applicable, four copies of the site data must be attached.

(2) One copy of preliminary drawings and outline specifications.

(A) Two copies must be submitted if additions, structural alterations or new buildings are included.

(3) One copy of contract drawings and specifications.

(A) Two copies must be submitted if additions, structural alterations or new buildings are included.

(c) The filing fee shall accompany the application.

(d) For every project there shall be an architect or structural engineer in general responsible charge of the preparation of drawings and specifications except as set forth in Section 7-115 and Sections 129875, Health and Safety Code.

(1) A project may be divided into parts, provided that each part is clearly defined by a building or similar distinct unit. The part, so defined, shall include all portions and utility systems or facilities necessary to the complete functioning of that part. Separate assignments of general responsible charge may be made for the parts.

(e) The architect or structural engineer in general responsible charge may delegate responsibility for any portion of the work to, or may employ or retain other architects or registered engineers. No delegation to, or employment or retention of, others shall be construed as relieving the architect or structural engineer in general responsible charge of his rights, duties, and responsibilities under Section 129805 of the Health and Safety Code.

(f) The assumption of general responsible charge or of delegated responsibility for portions of the work shall be clearly designated, accepted and approved by the parties concerned (including the governing board or authority of the hospital). The application for approval of plans and specifications provides for the common conditions of delegation of responsibility, but for unusual cases, or for changes in responsibility taking place after the plans have been submitted for approval, the delegation of responsibility, acceptances and approvals thereof shall be submitted in letter form which if prepared by the architect or structural engineer in general responsible charge, shall include an indication that the owner or governing board has been notified.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-115. Preparation of Drawings and Specifications.

(a) All drawings and specifications, except as provided in (b) below and in Section 129875 of the Health and Safety Code, shall be prepared under the responsible charge, and signed by, the architect or structural engineer or both. The structural drawings and specifications shall be prepared and signed by the structural engineer. The responsibility for preparing and signing drawings and specifications for the mechanical and electrical portions may be delegated by the architect or structural engineer in general responsible charge, to a professional engineer registered in the appropriate branch of engineering.

(b) For the purposes of this section, a mechanical or electrical engineer may be in general responsible charge of preparation of plans and specifications and may administer the work of construction where the work is predominately of the kind normally performed by mechanical or electrical engineers. Any architectural or structural work involved shall be the responsibility of an architect or structural engineer, respectively.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-117. Site Data.

(a) The site data reports shall be required for all proposed construction except:

(1) As provided in the Part 2, Title 24.

(2) One-story, wood-frame or light steel frame buildings of Type V construction and 4,000 square feet or less in floor area.

(3) Nonstructural alterations.

(4) Structural repairs for other than earthquake damage.

(5) Incidental structural additions or alterations.

(b) Four copies of site data reports shall be furnished to the Office for review and evaluation prior to the submittal of the project documents for final plan review. Site

data reports shall comply with the requirements of these regulations and Part 2, Title 24. Upon the determination that the investigation of the site and the reporting of the findings was adequate for the design of the project, the Office will issue a letter stating the site data reports are acceptable.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-121. Preliminary Drawings and Outline Specifications.

(a) One copy of the preliminary drawings and outline specifications shall be submitted to the Office. Two copies must be submitted if additions, structural alterations or new buildings are included. If applicable, each of the site data reports listed in Section 7-117(a)(1) shall have been submitted previously. The preliminary design documents will be reviewed by the Office for compliance with Title 19 and 24, California Code of Regulations. These documents shall provide the following data:

(b) Architectural, structural or other plans shall include:

(1) Plot plan showing roads, fire flow supply and demand calculations, fire hydrants, courses and distances of property lines, existing buildings, proposed buildings, parking areas, sidewalks, topography and any easements of record.

(2) Plans of basement, other floors or levels and roof which indicate:

(A) The function, occupancy or usage of each room, area or space. Floor plans for addition or alteration projects shall be accompanied by floor plans of the existing buildings showing existing space usages.

(B) The size and location of each fixed equipment item as follows:

(1) Fixed building service equipment which includes utility systems and machinery necessary for the effective functioning of the building such as heating, ventilating, air conditioning, elevators and communications.

(2) Other fixed equipment permanently fastened to the building or the ground which are required for the program function of the building.

(3) Provisions for meeting the fire and life safety requirements in Titles 19 and 24, either on preliminary plans or in outline specifications. At least the following shall be indicated:

(A) Compartment of the buildings.

- (B) Door swings and corridor widths.
- (C) Enclosures of stairwells and elevator shafts.
- (D) Location of fire alarm components, to include fire zones.
- (E) Extent of fire sprinkler coverage.

(4) Assembly ratings as specified by the Underwriter's Laboratories, Inc., or other nationally recognized testing laboratories.

(5) Provisions for making facilities accessible to and usable by persons with disabilities in conformance with the California Building Standards Code, Title 24, California Code of Regulations.

(c) Mechanical plans shall include:

(1) Single line layouts of major ducts and piping systems.

(2) Location and layout of boiler room or space and major associated equipment and central heating, cooling and ventilating units.

(3) Fire dampers, smoke dampers and other fire safety items required by Titles 19 and 24, California Code of Regulations.

(4) Riser diagrams for multistory construction.

(d) Electrical plans shall include:

(1) Plans showing space assignment.

(2) Sizes and outline of fixed equipment, such as transformers, main switch gear, switch boards and generator sets.

(3) Simple riser diagrams for multistory construction showing arrangements of feeders, and branch circuit panels.

(4) Simplified single-line diagram(s).

(5) Fire detector locations, exit and emergency lights and fire alarms systems required in Titles 19 and 24, California Code of Regulations.

(e) Outline specifications shall include:

(1) A general description of the construction, including interior finishes, types and location of acoustical material and special floor coverings.

(2) A description of the plumbing, air conditioning, heating and ventilation systems, including controls, ducts and piping for all areas.

(3) A general description of electrical services including voltage, number and location of feeders whether overhead or underground. A specific description of items to be served by emergency power and description of design considerations for special areas, such as anesthetizing locations and critical care areas.

(4) All fire and life safety items shown on the preliminary plans. These items shall include the flame spread rating of all applicable materials and finishes and a description of mechanical and electrical devices required for the intended occupancy of the building.

(f) Acceptance of preliminary drawings and outline specifications.

Upon completion of the review of the preliminary drawings and outline specifications, the Office will return a marked-up set of the drawings and specifications or a written report to the applicant indicating any items that need correction or clarification.

At the time the contract drawings and specifications are submitted to the Office, the marked-up copies of the preliminary plans and specifications shall accompany the other documents being filed.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-125. Final Review of Construction Document Drawings and Specifications.

(a) One copy of the construction document drawings, final specifications and site data reports shall be submitted to the Office.

(1) Two copies must be submitted if additions, structural alterations or new buildings are included.

(2) The construction document drawings and specifications shall include: architectural, mechanical, electrical, structural seismic restraint, and fire and life safety details.

(b) Construction document drawings and specifications are to be completely and thoroughly checked by the responsible architect or engineer before submission to the Office. Drawings and specifications which are incomplete or incorrect will be returned to the applicant.

(1) Where a portion of the construction cannot be fully detailed on the approved drawings because of variations in product design and manufacture, the approval of the drawings for such portion may be deferred until the material suppliers are selected provided the following conditions are met:

(A) The drawings clearly indicate that a deferred approval by the Office is required for the indicated portions of the work prior to fabrication and installation.

(B) The drawings and specifications fully describe the performance and loading criteria for such work.

(C) Deferred approval submittals shall be made in conformance with section 7-153.

(2) Due to the difficulty of anticipating every unsatisfactory condition that might exist in connection with the existing work where alteration or reconstruction work is proposed, the following clause or one of similar meaning shall be included in all specifications to which the Office gives approval in connection with either reconstruction or alteration work: "The intent of the drawings and specifications is to reconstruct the hospital building in accordance with the California Building Standards Code, Titles 19 and 24, California Code of Regulations. Should any conditions develop not covered by the contract documents wherein the finished work will not comply with Title 24, California Code of Regulations, a change order detailing and specifying the required work shall be submitted to and approved by the Office before proceeding with the work."

(c) Construction document drawings and specifications, and site data reports, except those items specified in Section 7-117(a), shall be submitted to the Office for review and shall include the following:

(1) Site data reports as previously accepted by the Office pursuant to Section 7-117 shall be included with the drawings and specifications.

(2) Architectural drawings shall include, where applicable:

(A) Plot plan.

(B) Floor plans.

- (C) Reflected ceiling plans.
- (D) Roof plans.
- (E) Elevations and sections.
- (F) Necessary details.
- (G) Schedule of finishes, doors and windows.
- (H) Exit system.
- (I) Fire and smoke wall locations.
- (J) Occupancy separations and indicate different occupancies.

(K) Location and identifying data on major items of movable equipment and fixed hospital equipment; e.g., autoclaves, sterilizers, kitchen equipment, laboratory equipment, X-ray equipment, cabinets and storage racks. Anchorage of all equipment items shall be detailed.

- (L) Fire extinguishers.

- (3) Structural drawings shall include, where applicable:

(A) Plans of foundations, floors, roofs and any intermediate levels showing a complete design with sizes, sections and relative location of the various members and a schedule of beams, girders and columns. Assumed soil bearing pressures and type of material shall be shown on foundation plans.

- (B) Details of all connections, assemblies and expansion joints.

(C) Details of structural framing systems necessary for support and seismic bracing of major nonstructural elements and items of major fixed building equipment and hospital equipment.

(D) Structural drawings shall be accompanied by computations, stress diagrams, and other pertinent data and shall be complete to the extent that calculations for individual structural members can be readily interpreted.

The computations shall be prefaced by a statement clearly and concisely outlining the basis for the structural design and indicating the manner in which the proposed hospital building will resist vertical loads and horizontal forces. The computations shall be sufficiently complete to establish definitely that the structure will

resist the loads and forces prescribed by these rules and regulations. Assumed safe bearing pressures on soils and ultimate strengths of concrete shall be given in computations and noted on plans. Where unusual conditions occur, such additional data as are pertinent to the work shall be submitted.

(4) Mechanical drawings shall include, where applicable:

(A) Radiators and steam-heated equipment, such as sterilizers, autoclaves, warmers and steam tables.

(B) Heating and steam mains, including branches with pipe sizes.

(C) Pumps, tanks, boiler breaching and piping, and boiler room accessories.

(D) Air conditioning systems with refrigeration equipment, water and refrigerant piping, and ducts.

(E) Exhaust and supply ventilating systems showing duct sizes with steam or water connections and piping.

(F) Size and elevation of street sewer, house sewer, house drains, street water main and water service into the building.

(G) Location and size of soil, waste and vent stacks with connections to house drains, fixtures and equipment.

(H) Size and location of hot, cold and circulation water mains, branches and risers from the service entrance, and tanks.

(I) Riser diagram or other acceptable method to show all plumbing stacks with vents, water risers and fixture connections for multistory buildings.

(J) Medical gas and special connections.

(K) Fire extinguishing equipment such as fixed extinguishing systems, sprinklers, and wet and dry standpipes.

(L) Plumbing fixtures and fixtures which require water and drain connections.

(M) Anchorage of all equipment shall be detailed.

(5) Electrical drawings shall include, where applicable:

(A) Electrical service entrance equipment.

- (B) Transformers and their connections, if located in the building or on the site.
 - (C) Main switchboard, distribution panels, lighting and appliance panels, motor control centers and associated equipment.
 - (D) Feeder size including conductors, conduit and over current protection.
 - (E) Lighting and appliance outlets, receptacles, switches and circuitry.
 - (F) Telephone layout.
 - (G) Nurses' call system.
 - (H) Fire alarm systems.
 - (I) Emergency electrical system, when required.
 - (J) Switch board and panel schedules with tabulated loads.
 - (K) Single-line diagram(s).
 - (L) Anchorage of all equipment shall be detailed.
- (6) Architectural, structural, mechanical and electrical specifications which fully describe, except where fully indicated and described on the drawings, the materials, workmanship and the kind, sizes, capacities, finishes and other characteristics of all materials, products, articles and devices.
- (7) Additions to or alterations and repairs of existing structures which include:
 - (A) Types of activities within the existing buildings, including distribution.
 - (B) Type of construction of existing buildings and number of stories.
 - (C) Plans and details showing attachment of new construction to existing structural, mechanical and electrical systems.
- (8) A title block or strip on each sheet of the construction document drawings shall include the following:
- (A) Name and address of the architect or engineer.
 - (B) Name and address of the project.

(C) Number or letter of each sheet.

(D) Date of preparation of each sheet and the date of revision, if any.

(E) The scale of each drawing or detail.

(9) The north point of reference and the location or reference dimensions of the building, with respect to the site boundaries and property lines, shown on all plot plans and on all floor plans where applicable.

(d) After the Office has made its check of the submitted documents, the marked-up set of drawings and specifications will be returned to the architect or engineer. A set of prints from corrected drawings shall be filed for recheck when the original check indicates that extensive changes are necessary. Where necessary corrections are of minor nature, corrected original drawings may be filed for recheck. Changes in drawings and specifications, other than changes necessary for correction, made after submission for approval, shall be brought to the attention of the Office in writing or by submission of revised drawings identifying those changes. Failure to give such notice voids any subsequent approval given to the drawings and specifications.

The Office places its stamp on the original reproducible drawings and the master cover sheet of the specifications when they have been corrected to comply with these regulations. This stamp is affixed for identification only and must not be construed as "written approval of plans" required in Section 129810 of the Health Safety Code.

The prints, specifications, computations and other data filed with the application are the property of, and are retained by, the Office.

(e) Before the Office's written approval of the drawings and specifications is issued a set of prints of the stamped drawings and specifications must be submitted to the Office.

Any change, erasure, alteration or modification of any drawing or specification bearing the identification stamp of the Office shall void the approval of the application. However, the written approval of plans may be extended to include revised and/or additional drawings and specifications after submission for review and approval thereof.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-129. Time Limitations for Approval.

(a) Contract drawings and specifications shall be submitted to the Office within one year of the date of the Office's report on preliminary drawings and outline specifications or the application shall become void unless an extension has been requested and approved.

(b) The procedures leading to obtaining written approval of contract drawings and specifications shall be carried to conclusion without suspension or unnecessary delay. The application shall become void when either (1) prints from corrected drawings or corrected original drawings are not filed for recheck within six months after the date of return of checked drawings to the architect or engineer or (2) a set of prints of the stamped drawings and specifications are not submitted to the Office within six months after the date shown on the stamp by the Office.

(c) Construction, in accordance with the approved drawings and specifications, shall commence within one year after obtaining the written approvals provided in Section 7-135(a), or this approval shall become void. The Office may require that the drawings and specification be revised to meet current regulations before reinstating a voided approval.

(d) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. The Office may reinstate the approval as described in Section 7-129(c) above.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-131. Incremental Design, Bidding and Construction.

(a) Incremental design, bidding and construction or "fast-tracking" is a process by which construction of a building is commenced prior to completion of the contract documents for the total project. The Office will approve this process contingent upon receipt of application for approval of plans and specifications.

(b) Applicants wishing to employ the incremental process shall notify the Office no later than the date of submission of the application cited (a) above. Increments shall be limited to complete phases of construction, such as foundations and basement walls, structural framing, architectural work, mechanical work, or electrical work. The following supplementary information shall accompany the application:

(1) Transmittal letter requesting the use of the incremental or fast-track procedure.

(2) The site data reports required in Sections 7-117 and 7-125(c).

(3) A chart showing the proposed coordination of the design, bidding and construction schedules, including state and local plan review time and the estimated date of occupancy of the project.

(4) The preliminary drawings and outline specifications required in Section 7-121.

(c) The contract documents of each construction increment shall be sufficiently definitive of the architectural, structural, mechanical and electrical elements, and the loadings thus summarized, to provide identification of the sources of dead, live and lateral loads for the purposes of review of design. Changes to the work done under previously approved increments shall be required if, upon submission of plans of subsequent increments, the summarized loadings are found to be incorrect or connection details are found to be incompatible.

(d) The contract documents of each construction increment shall clearly identify the scope of the work to be included in that particular increment. All contract documents are to be complete and thoroughly checked by the project architect or engineers as to design, detailing, dimensions and coordination with other increments before submission to the Office. The Office will return incomplete documents without review and request that the documents be completed and resubmitted.

(e) Time intervals between construction increments shall not be permitted unless specific, written approval is granted by the Office.

(f) Seventy percent of the fee, based upon the estimated construction cost of the entire facility, as calculated in accordance with Section 7-133, shall be paid to the Office upon the submission of the contract documents of the first construction increment. The final fee shall be based upon the determination of the final actual construction cost.

(g) After the Office has made its check of the submitted documents and the applicant has corrected the originals accordingly, the stamp of the Office of Statewide Health Planning and Development, shall be placed on the original reproducible drawings and the master cover sheet of the specifications. The stamp shall indicate the increment being approved. This incremental approval stamp is affixed for identification only and is not the written approval of plans cited in Section 7-125(d). An Office approval letter shall be issued for each increment which clearly identifies the scope of work involved in the increment being approved. The letter for the final increment shall indicate approval of the entire project.

(h) Verified reports shall be submitted in conformance with Section 7-151; addenda and change orders, as per Section 7-153 for each increment. Where all increments are being constructed under a single general contract or under a

designated agent responsible for the construction of the entire project, the verified reports may cover the work of more than one increment.

(i) Approval of construction will be issued for each increment being constructed under a separate contract. Where all increments are being constructed under a single general contract or where an owner's agent is responsible for the construction of the entire project, final approval of the construction will be issued upon completion of the entire project.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-133. Fees.

(a) The fee for plan review and field observation shall accompany the application and shall be based on the estimated cost of construction as follows:

(1) The fee for hospital buildings is 1.64 percent of the estimated construction cost;

(2) The fee for skilled nursing and intermediate care facilities, as defined in Subdivision (c), (d), (e) or (g) of Section 1250, Health and Safety Code, is 1.5 percent of the estimated construction cost;

(3) The minimum filing fee shall be \$250.00.

NOTE: Authority cited: Sections 127015, 129785 and 129850, Health and Safety Code; and Section 11152, Government Code. Reference: Section 129785, Health and Safety Code.

Article 4. Construction

7-135. Time of Beginning Construction.

(a) Construction shall not commence until the health facility has applied for and obtained from the Office:

(1) Written approval of the contract documents.

(2) A building permit.

- (3) Written approval of the inspector of record.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-137. Notice of Start of Construction.

(a) As soon as a contract has been awarded, the governing board or authority of the health facility shall provide to the Office, on a form provided by the Office, the following:

- (1) Name and address of the contractor.
- (2) Contract price.
- (3) Date on which contract was awarded.
- (4) Date of construction start.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-139. Notice of Suspension of Construction.

(a) When construction is suspended for more than two weeks, the governing board or authority of the hospital shall notify the Office in writing.

(b) If the work of construction is suspended or abandoned for any reason for a period of one year following its commencement, the Office's approval shall become void. The Office may reinstate the approval as described in Section 7-129(c).

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-141. Administration of Construction.

(a) The administration of the work of construction shall be under the general responsible charge of an architect or structural engineer. Where neither structural nor architectural elements are substantially involved, a mechanical or electrical engineer

registered in the branch of engineering most applicable to the project may be in responsible charge of the administration of the work of construction.

(b) All architects and engineers to whom responsibility has been delegated for preparation of drawings and specifications as listed on the application shall observe the work of construction for their portion of the project. They shall consult with the person in general responsible charge in the interpretation of the approved drawings and specifications, the preparation of addenda, change orders and deferred approvals, and the selection of inspectors and testing laboratories. By manual signatures they shall indicate their responsibility for and approval of change orders and deferred approvals which affect their portion of the project.

(c) Architects or engineers having responsibility for observation of the work of construction shall submit verified reports to the Office in accordance with Section 7-151. Observation of structural work shall be done by a structural engineer.

(d) The architect or engineer having general or delegated responsibility may name one or more persons to act as alternate(s) for observation of the work of construction provided such persons are architects or engineers qualified under these regulations to assume the responsibility assigned.

(e) A verified report from an alternate or the manual signature of an alternate on a document will be deemed evidence that the alternate has personal knowledge of the work as defined in Section 7-151 and that responsibility is assumed by the alternate for the document.

(f) Alternates should be named on the Application for Plan Review or by letter. Letters shall be submitted prior to performance of work by the alternate and shall include an indication that the hospital board has been notified.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-143. Responsibility of the Contractor.

(a) The contractor shall complete the work in accordance with the approved contract documents. The contractor shall not be relieved of any responsibility by the activities of the architect, engineer, inspector or the Office in the performance of their duties.

(b) The contractor shall submit verified reports to the Office in accordance with Section 7-151.

(c) Where no general contractor is involved, the governing body or authority of a health facility shall designate an agent who shall be responsible for the construction of the project in accordance with the approved contract documents and such agent shall submit the verified reports to the Office.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-144. Inspection.

(a) The hospital governing board or authority shall provide for competent, adequate and continuous inspection by one or more inspectors satisfactory to the architect or structural engineer, or both, in responsible charge of the work, or the engineer in responsible charge of the work, and the Office.

NOTE: Authority cited: Sections 127015, 129825 and 129850, Health and Safety Code. Reference: Sections 129675-129998, Health and Safety Code.

7-145. Continuous Inspection of the Work.

(a) The general duties of the inspector shall be as follows:

(1) The inspector shall have personal knowledge, obtained by continuous inspection of all parts of the work of construction in all stages of its progress to assure that the work is in accordance with the approved contract documents.

(2) Continuous inspection means complete inspection of every part of the work. Work, such as concrete or masonry work which can be inspected only as it is placed or assembled, shall require the constant presence of the inspector. Other types of work which can be completely inspected after the work is installed may be carried on while the inspector is not present. In no case shall the inspector have or assume any duties which will prevent continuous inspection.

(3) The inspector shall work under the direction of the architect or engineer. All inconsistencies or seeming errors in the contract documents shall be reported promptly to the architect or engineer for interpretation and instructions. In no case, however, shall the instructions of the architect or engineer be construed to cause work to be done which is not in conformity with the approved contract documents.

(4) The inspector shall maintain a file of approved contract documents on the job at all times including all reports of tests and inspections required by the contract

documents and shall immediately return any unapproved contract documents to the architect or engineer for proper action. The inspector shall also maintain on the job at all times, all codes and regulations referred to in the contract documents.

(5) The inspector shall notify the Office:

(A) When the work is started or resumed on the project.

(B) At least 48 hours in advance of the time when foundation trenches will be complete, ready for footing forms.

(C) At least 48 hours in advance of the first pour of concrete.

(D) When work has been suspended for a period of more than two weeks.

(6) The inspector shall maintain a record of certain phases of construction procedure as follows:

(A) The record shall include the time and date of placing concrete; time and date of removal of forms and shoring in each portion of the structure; location of defective concrete; and time, date and method of correction of defects.

(B) The record shall include identification marks of welders, lists of defective welds, and manner of correction of defects and other related events.

(C) The record shall include a list of test reports of all nonconforming materials or defective workmanship and shall indicate the corrective actions taken.

(D) When driven piles are used for foundations, the record shall include the location, length and penetration under the last ten blows for each pile. It shall also include a description of the characteristics of the pile driving equipment.

(E) All records of construction procedure shall be retained on the job until the completion of the work. See Section 7-155.

(b) The inspector shall notify the contractor, in writing, of any deviations from the approved contract documents or new construction not in compliance with California Building Standards Code, which have not been immediately corrected by the contractor. Copies of such notice shall be forwarded immediately to the architect, engineer, owner and to the Office.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: 129675-129998, Health and Safety Code.

7-147. Observation by the Office.

(a) During the construction, of any health facility, the Office shall make such observation as in its judgment is necessary or proper for the enforcement of these regulations and all applicable parts of the California Building Standards Code.

Whenever the Office finds a violation of these regulations and/or applicable parts of the California Building Standards Code that requires correction, the citation of the violation shall be issued to the hospital governing board or authority in writing and shall include a proper reference to the regulation or statute being violated.

NOTE: Authority cited: Sections 127015, 129825 and 129850, Health and Safety Code. Reference: Sections 129675-129998, Health and Safety Code.

7-149. Tests.

(a) The architect or engineer in charge shall establish and administer the testing program. Where job conditions warrant, the architect or engineer may waive certain specified tests contingent upon the approval of the Office. The Office shall be notified as to the disposition of materials noted on laboratory reports. One copy of all test reports shall be forwarded to the Office by the testing agency. The reports shall state definitely whether the material tested complies with the approved contract documents.

(b) The governing board or authority of a health facility shall select a qualified person or testing laboratory as the testing agency to conduct the tests. The selected person or testing laboratory must be approved by the architect or engineer. The governing board or authority shall pay for all tests.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code. Reference: Sections 129675-129998, Health and Safety Code.

7-151. Verified Reports.

(a) In accordance with Section 7-151(e), or when required by the Office, as construction progresses, the architect and engineers, the inspector and the contractor shall each submit to the Office a Verified Report Form, signed and based upon their own personal knowledge. The report shall:

(1) Verify that the work during the period covered by the report has been performed and materials used and installed are in accordance with the approved contract documents.

(2) Set forth detailed statements of fact as are required by the Office.

(b) The term "personal knowledge," as used in this section and as applied to the architect or engineer or both, means personal knowledge which is the result of generally accepted standards of construction administration. Such persons shall use reasonable diligence to obtain the information required.

(c) The term "personal knowledge," as applied to the inspector, means the actual knowledge obtained by the inspector's personal continuous inspection of the work of construction, as defined in Section 7-145, at the construction site in all stages of progress.

(d) The term "personal knowledge," as applied to the contractor, means the contractor's actual knowledge which is obtained from personal observation of the construction of the building. The exercise of reasonable diligence to obtain the facts is required.

(e) Verified reports shall be submitted to the Office as follows:

(1) One copy on or before the first day of February, May, August and November, for every project upon which any construction has been executed during the preceding calendar quarter.

(2) One copy signed by the prime contractor at the completion of each prime contract.

(3) One copy signed by the prime contractor at the suspension of the particular work for a period of more than one month.

(4) One copy signed by the individual terminated, whenever the services of an architect, engineer, inspector or contractor in connection with a project are terminated for any reason.

(5) One copy signed and submitted by each individual in Item (4) above at the completion of the work.

(6) One copy at any time that a special verified report is required by the Office.

(f) The project applicant shall ensure that the verified reports of the inspector, contractor, architect and engineers are submitted as required.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-153. Addenda, Change Orders, and Deferred Approvals.

(a) Work shall be executed in accordance with the approved contract documents. Changes in the contract documents shall be made by addenda or change orders approved by the Office.

(b) Changes or alterations of the approved contract documents prior to awarding a construction contract, or similar instrument of agreement for the work involved, shall be made by means of addenda. Addenda shall be signed by the architect or engineer responsible for the preparation of the contract documents and shall be submitted for approval by the Office. Two copies of the approved addenda shall be furnished to the Office.

(c) Changes or alterations of the approved contract documents after a contract or similar instrument of agreement has been awarded shall be made by means of change orders.

(1) Change orders shall state the reason for the change, show the related addition to or deduction from the current contract price and shall be accompanied by supplementary drawings when necessary.

(2) All change orders shall be signed by the applicant and the architect or engineer generally responsible for the work of construction and approved by the Office prior to installation of the work except:

(A) Emergency changes to the work relating to the safety of persons at the construction site may be made immediately. Such emergency changes shall be documented by subsequent change orders and may require modification to comply with these regulations.

(B) To prevent undue delay, changes may be commenced following preliminary approval of an instruction bulletin by the Office. Such changes shall be confirmed immediately by change order.

(d) Submittal documents for deferred submittal items shall be submitted to the architect or engineer responsible for preparation of drawings and specifications for the project, as listed on the application, for review prior to submittal to the Office.

(1) The architect or engineer responsible for preparation of drawings and specifications for the project, as listed on the application, shall review and forward them to the Office with a notation indicating that the deferred submittal documents have been reviewed and that they have been found to be in general conformance with the design of the project.

(2) The deferred submittal items shall not be installed until their design and submittal documents have been approved by the Office.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-155. Final Approval of the Work.

(a) The Office shall schedule a final state agency inspection of the work subsequent to the receipt of the responsible architect's or engineer's statement that the contract is performed or substantially performed.

(b) The final approval of the construction shall be issued by the Office when:

(1) All work has been completed in accordance with the approved construction documents.

(2) The required verified reports and test and inspection affidavits have been filed with the Office.

(3) All remaining fees have been paid to the Office.

(c) Final approval shall be confirmed by a letter sent to the Department of Health Services with a copy to the applicant. The letter shall state that the work has been constructed in accordance with the California Building Standards Code, Title 24, California Code of Regulations.

(d) Upon completion of the project, all copies of construction procedure records as required by Section 7-145(a)(6) shall be transmitted to the Office.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-156. Certification of Correctional Treatment Centers

(a) Plans and specifications prepared by or under the supervision of the Department of Corrections or on behalf of the Department of the Youth Authority for the new construction, reconstruction, alteration or addition of any hospital building and/or correctional treatment center, as defined Section in 1250, Health and Safety Code, or any building specified in Section 129875, Health and Safety Code shall be certified to the Office by the Department of Corrections or the Department of the Youth Authority.

Plans, specifications and construction of these facilities shall be in full compliance with all applicable building standards including, but not limited to, architectural, structural, mechanical, plumbing, electrical, and fire and life safety.

The Department of Corrections and the Department of the Youth Authority shall use a secondary peer review procedure to review the design of new construction, reconstruction, alteration or addition in order to ensure that the plans are in compliance with the building standards of Title 24, Parts 2, 3, 4, 5, and 9. The secondary peer review shall be performed by a California licensed architect, structural engineer, mechanical engineer and electrical engineer, as applicable.

Upon completion of construction a written certification signed by the Director or designee of the Department of Corrections or Department of the Youth Authority shall be submitted to the Office and shall include:

- (1) Description of the project scope and
 - (2) Certification that plans, specifications and construction are in full compliance with all applicable building standards of Title 24, Parts 2, 3, 4, 5, and 9 and
 - (3) Certification that a secondary peer review has been completed and the peer review indicates that the design for new construction, reconstruction, alteration or addition to the facility adheres to all building standards of Title 24, Parts 2, 3, 4, 5, and 9 and
 - (4) Certification that construction inspection was performed by a competent on site inspector and that all work was completed in accordance with the complying plans and specifications and
 - (5) Attachments which include the final as-built plans and specifications.
- (b) Plans and specifications prepared by or under the supervision of a city, county or city and county law enforcement agency for the new construction, reconstruction, alteration or addition of any hospital building and/or correctional treatment center, as defined in Section 1250, Health and Safety Code, or any building specified in Section 129875, Health and Safety Code shall be certified to the Office by the law enforcement agency. Plans, specifications and construction of these facilities shall be in full compliance with all applicable building standards including, but not limited, to architectural, structural, mechanical, plumbing, electrical and fire and life safety.

Upon completion of construction a written certification signed by the law enforcement agency head or designee shall be submitted to the Office and shall include:

- (1) Description of the project scope and
- (2) Certification that plans, specifications and construction are in full compliance with all applicable building standards of Title 24, Parts 2, 3, 4, 5, and 9 and
- (3) Attachments which include the final as-built plans and specifications.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129790 and 129850, Health and Safety Code. Reference: Section 129905, Health and Safety Code

Article 5. Appeals to the Hospital Building Safety Board

7-159. Appeals.

(a) The Hospital Building Safety Board except as provided in Section 18945 of the Health and Safety Code, shall act as a board of appeals in all matters relating to the administration and enforcement of building standards relating to the design, construction, alteration, and seismic safety of health facility projects submitted to the Office pursuant to Chapter 1, Division 107, Health and Safety Code.

Further, notwithstanding Section 13142.6 of the Health and Safety Code, the board shall act as the board of appeals in matters relating to all fire and panic safety regulations and alternate means of protection determinations for health facility projects submitted to the Office pursuant to Chapter 1, Division 107, Health and Safety Code.

(b) In the event of disagreement with the rulings, orders, decisions or acts of the Office acting within the scope of Division 107 (commencing with Section 129675) of the Health and Safety Code, an appeal may be made by the current or prospective licensee or their authorized agent, hereafter known as the appellant, of a health facility to the Hospital Building Safety Board. Such appeal shall be considered by the Hospital Building Safety Board only following the failure of an informal conference, held to resolve the appeal in accordance with Section 7-161.

NOTE: Authority cited: Sections 127015, 129850 and 129925, Health and Safety Code. Reference: Sections 129675-129998, Health and Safety Code.

7-161. Informal Conference.

(a) Within six months of a ruling, order, decision or act of the Office acting within the scope of Division 107 (commencing with Section 129675) of the Health and

Safety Code, the appellant may issue a written request for an informal conference upon such ruling, order, decision or act to the Office.

(b) Within 10 days of receipt of a written request for an informal conference, the Office shall give notice of the date, time and place of such conference to review the ruling, order, decision or act being questioned. The informal conference shall be in a convenient place mutually agreeable to the parties. The informal conference shall be held within 20 days of receipt by the Office of the written request for an informal conference.

(c) The informal conference shall be conducted by an Office representative. Parties to the such conference may include the appellant, architects and engineers and other appropriate consultants under contract to the appellant or the appellant's legal counsel.

(d) The purpose of the informal conference shall be to discuss the ruling, order, decision or act of the Office with the intent to resolve the issue.

(e) Within seven days following the informal conference, the Office shall notify the appellant in writing as to the Office's action on the ruling, order, decision or act. Such action shall be to confirm, modify, or reverse the original ruling, order, decision or act.

NOTE: Authority cited: Sections 127015, 129850, and 129925, Health and Safety Code. Reference: Sections 129675-129998, Health and Safety Code.

7-163. Formal Hearing Request.

(a) If the appellant wishes to continue an appeal after the Office's decision following the informal conference, a formal hearing may be requested of the Hospital Building Safety Board. The appellant shall submit a written request for an appeal to the Hospital Building Safety Board through the Office within 14 days of receipt of the notice of the result of the informal conference.

(b) The notice of appeal shall be followed within 60 days by documents supporting the request for a formal hearing before the Hospital Building Safety Board. Such documents shall be submitted to the Office and shall contain specific information regarding the Office's ruling, order, decision or act and the basis for the appeal.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code. Reference: Sections 129675-129998, Health and Safety Code.

7-165. Formal Hearing.

(a) The Hospital Building Safety Board, or a committee of the Board, appointed by the Chair of the Board, shall act as the hearing body and shall conduct a public hearing on the appeal.

(b) The Chair of the Hospital Building Safety Board shall call a hearing on an appeal. The hearing shall be convened at a location selected by the Chair which, where possible, is reasonably close to the appellant.

(c) The hearing shall be held within 45 days of the receipt of documents supporting the request for an appeal hearing. Within 15 days of the Office's receipt of the supporting documentation, the parties to the appeal shall be notified in writing of the time and place of the hearing and the composition of the hearing body.

(d) The Chair of the Hospital Building Safety Board shall develop, and have sent to each member, an agenda listing the matters to be considered and, insofar as practicable, copies of all written reports which are to be presented to the Board. The agenda and written reports shall be provided to the members of the Board at least 10 days before the date of the hearing.

(e) Whenever notice of an appeal hearing for decision of an appeal is issued by the Hospital Building Safety Board or a committee of the Board, such notice shall be provided to the appellant, the Office and all parties to the action at least 10 days before the date of the hearing.

(f) If a committee of the Board is appointed to hear the appeal, at least five voting members of the Board shall be appointed to such committee. The Chair of the hearing committee shall be appointed by the Chair of the Hospital Building Safety Board. The appeal shall be heard by at least three of the voting members appointed to an appeal committee. The decision shall bear the endorsement of a simple majority of the committee members present.

(g) If the Board is to hear the appeal, at least nine voting members of the Board shall be present to hear the matter. The decision shall bear the endorsement of a simple majority of the Board members present.

(h) The proceedings shall be recorded by tape recorder. Transcripts shall be made available to anyone making a request therefor upon deposit with the Hospital Building Safety Board of the amount of money which the Board has determined necessary to cover the costs of transcript preparation. In addition to the tape recording of the proceedings, decisions of the Board or a committee of the Board shall be recorded by stenographic recording and shown in the minutes of the meeting. The minutes shall show how each Board or committee member voted on the decision.

(i) The appellant may, at his own expense, arrange for stenographic recording and transcription of the hearings.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-167. Rights of the Appellant.

(a) The appellant shall have the right to counsel, to submit documentary evidence and exhibits, and to have witnesses appear and testify. These rights shall be executed by the appellant at the appellant's own expense.

(b) The appellant shall have the right to question representatives of the Office and other witnesses presenting testimony or documents in the hearing.

(c) The appellant shall have the right to question potential conflicts of interest of any voting member of the Hospital Building Safety Board or committee of the Board hearing an appeal. The Chair of the hearing will rule on such potential conflict and the ruling shall be entered in the record of the hearing.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-169. Appeal Hearing Procedure.

(a) An appeal hearing conducted by the Hospital Building Safety Board or a committee of the Board shall not be conducted in accordance with strict rules of evidence or courtroom procedure. During the hearing, the Chair may accept into the record without formal proof any generally accepted technical or scientific matter related to seismic, architectural, structural, mechanical, electrical, fire and life safety of health facilities. Hearsay evidence may be allowed for the purpose of supplementing or explaining other evidence, but shall not be sufficient in itself to support the findings.

(b) The Chair of the hearing shall determine the order of witnesses and presentation and introduction of documents, evidence and exhibits into the record of the hearing. The Chair may impose reasonable time limits, rule on admissibility of evidence, maintain decorum in the hearings, call recesses and rule on continuation of the hearings.

(c) The Chair may request counsel from the Office for advice on points of law.

(d) Prior to the closing of the hearing, the Chair shall announce either of the following:

(1) The recommended decision of the committee of the Board.

(2) The decision of the Board.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

7-171. Decision on Appeal.

(a) Decision on an appeal heard by a committee of the Board shall be reached as follows:

(1) If all parties agree to the decision recommended by a committee of the Board, the agreement and the names of parties to the appeal shall be entered in the record. The appeal action shall be considered terminated when all parties to the appeal have stipulated to the agreement in writing.

(2) If all parties to the appeal do not agree with the decision recommended by a committee, the findings of fact, supporting documents, evidence, exhibits and decision recommended by the committee shall be transmitted to the Hospital Building Safety Board.

(3) Within 30 days after the findings of fact, supporting documents, evidence exhibits and a recommended decision are received, the Board shall hear final arguments from the appellant and render a decision on the appeal. The appellant, the appellant's counsel or the appellant's representatives may not introduce new evidence without approval of the Board.

(b) Decision on an appeal heard by or referred to the Hospital Building Safety Board shall be reached as follows:

(1) The Board shall render a decision in public meeting and transmit such decision in writing to each party to the appeal hearing within 15 days after the close of the hearing.

(2) The Board may affirm, reverse or amend the ruling, order, decision or act being appealed or remand the issue for further study.

(3) If the Board remands all or a portion of the issues at appeal for further study, the Board shall specify the issues or matters to be studied, who is to study the issues and completion dates for such further study.

(4) Findings and recommendations from further study will be transmitted to all parties to the action prior to the Hospital Building Safety Board's public hearing for decision.

(5) Within 30 days of receipt of the findings and recommendations from further study of the issues, the Hospital Building Safety Board shall convene a public hearing to consider the findings and recommendations and arguments from the appellant or the appellant's representatives. The decision of the Hospital Building Safety Board shall be announced in a public hearing and transmitted in writing to all parties involved within 30 days of the conclusion of the public hearing.

(6) Decisions of the Hospital Building Safety Board shall become effective immediately upon their announcements by the Chair of the Board, unless otherwise specified by the Chair.

(c) Should the appellant determine he or she has been adversely affected by the decision of the Hospital Building Safety Board, the appellant may further appeal the issue for resolution by the California Building Standards Commission, in accordance with Health and Safety Code Section 18945.

NOTE: Authority cited: Sections 127015 and 129850, Health and Safety Code.
Reference: Sections 129675-129998, Health and Safety Code.

Article 6. Contracts

7-191. Contract Qualification Criteria.

(a) Individuals performing services under contracts entered into with the Office pursuant to Health and Safety Code, Section 129855 shall meet the following qualifications:

(1) Plan reviews shall only be performed by architects or engineers validly certified under Division 3 of the Business and Professions Code as follows:

(A) Selection Criteria

The director shall establish selection criteria which will comprise the basis for the selection of eligible firms or local government entities to independently perform the required architectural and engineering services. The criteria will include such factors as:

1. Professional experience in performing services of similar nature.
2. Knowledge of applicable codes, regulations and technology associated with the services required.
3. Quality and relevance of recently completed or ongoing work.
4. Reliability, continuity and proximity of firm or local government entity to the Office.
5. Demonstrated competence.
6. Staffing capability.
7. Education and experience of key personnel to be assigned.
8. Current workload and ability to meet review deadlines according to schedule.
9. Other technical factors the director deems relevant to the specific service to be performed.

These factors shall be weighed by the director according to the nature of the proposed project or service, the complexity and special requirements of the specific services, and the needs of the Office.

NOTE: Authority cited: Section 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Section 4526 and 4527, Government Code.

(B) Announcement

1. A statewide announcement of specific services sought from firms shall be published in the California State Contracts Register, in accordance with the Government Code (commencing with Section 14825), and whenever possible, in the publications of the respective professional societies. Failure of any professional society to publish the announcement shall not invalidate any contract. Services sought from the local government entities are exempt from advertising in the California State Contracts Register pursuant to standard State of California operating procedures.

2. The announcement for each proposed project or service shall include, at a minimum, a brief description of the project or services required, location, duration, submittal requirements, contact person for the Office, and the final response date for receipt of statements from firms of their demonstrated competence and professional qualifications.

3. The director shall identify potentially qualified minority, women and disabled veteran business enterprises and small businesses interested in contracting with the Office, and shall provide copies of announcements to those businesses that have indicated an interest in receiving the announcements. Failure of the director to send a copy of an announcement to any business shall not invalidate any contract.

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Sections 4526 and 4527, Government Code.

(C) Selection of Qualified Firms

1. After the expiration of the final response date in the published announcement, the director shall review and evaluate the written responses to the announcement, using the selection criteria contained in Section 7-191(a)(1)(A), and rank, in order of qualifications, the firms determined as eligible to perform the required services.

2. The director shall conduct discussions with at least the three most eligible firms, or a lesser number if fewer than three eligible firms have responded, to further expand on those qualifications and experience required to perform the services sought. From the firms with which discussions are held, the director shall select, in order of qualification, not less than three firms, or lesser number if fewer than three eligible firms responded, deemed to be the most highly qualified to perform the required services.

NOTE: Authority cited: Section 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Sections 4526 and 4527, Government Code.

(D) Selection of Qualified Local Government Entities

1. For specific services to be performed by local government entities, the director shall solicit, review and evaluate the qualifications of the local government entities using the selection criteria contained in Section 7-191(a)(1)(A).

2. The director shall select, in order of qualification, those local government entities deemed to be the most highly qualified to perform the required services.

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference cited: Section 4526 and 4528, Government Code.

(E) Estimate of Value of Services

1. Before entering into fee negotiations with any firm or local government entity selected pursuant to Section 7-191(a)(1)(C)2 or (D), the Director shall prepare an estimate of the value of the proposed services based on accepted rates for comparable services. The estimate will serve as a guide in determining fair and reasonable compensation in the negotiation of satisfactory contracts in accordance with the provisions of Section 7-191(a)(1)(F), (G) and (H) and shall not be disclosed until award of the contract or abandonment of the negotiation process for the project or services to which it relates. No award shall be made which would exceed the estimate by more than 10 percent.

2. At any time the director determines the Office's estimate to be unrealistic for any reason, the director shall require the estimate to be reevaluated and, if deemed necessary, modified. If the director modifies an estimate, negotiations will resume with the best qualified firm or local government entity.

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Sections 4526 and 4528, Government Code.

(F) Fee Negotiation with Firms

1. Except as specified in 2 below, the director shall ask firms selected pursuant to Section 7-191(a)(1)(C)2, that may be retained by contract to provide services for work to be identified at a future date, to submit a schedule of hourly billable rates. The director shall then attempt to negotiate hourly rates determined to be fair and reasonable with the firms, beginning with the best qualified and continuing with the remaining firms, in order of qualifications. In the event that any firm is determined to be nonresponsive or if a satisfactory rate cannot be negotiated, the director shall terminate negotiations with that firm. After successful negotiations, a retainer contract will be executed with the firm. There may be multiple contracts awarded and each shall specify a contract period and monetary limitation. When monetary limitation is reached, the firms will not be eligible for any additional work during the contract period. Work shall commence only upon execution of an assignment. Assignments will be negotiated pursuant to Section 7-191(a)(1)(G).

2. For firms selected pursuant to Section 7-191 (a)(1)(C)2 to provide services for a specific project where the scope of work is extremely complex or unusual, fee negotiations will proceed in accordance with Section 7-191(a)(1)(G).

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Sections 4526 and 4528, Government Code.

(G) Services Negotiations with Firms

1. From among the firms selected in Section 7-191(a)(1)(C)2, as most highly qualified to perform services required, the director shall attempt to negotiate a satisfactory assignment or contract with the best qualified firm at a compensation which the Office determines to be fair and reasonable.

2. If the director is unable to negotiate a satisfactory assignment or contract with the best qualified firm at a compensation which is determined to be fair and reasonable, negotiations with that firm shall be terminated and negotiations undertaken with the second best qualified firm. If unable to negotiate a satisfactory assignment or contract with the second best qualified firm at a compensation which the Office determines is fair and reasonable, negotiations with that firm shall be terminated and negotiations undertaken with the third best qualified firm. If unable to negotiate a satisfactory assignment or contract with the third best qualified firm at a compensation which the Office determines is fair and reasonable, negotiations with that firm shall be terminated.

The director shall continue the negotiation process with the remaining qualified firms, if any, in order of qualifications, until a satisfactory assignment or contract is reached. If unable to negotiate a satisfactory assignment or contract with any of the qualified firms, the director shall abandon the negotiation process for the required services.

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Sections 4526 and 4528, Government Code.

(H) Fee and Services Negotiation with Local Government Entities

1. From among the local government entities selected in Section 7-191(a)(1)(D)2, as most highly qualified to perform services required, the director shall attempt to negotiate a satisfactory contract with the best qualified local government entity at a compensation which the Office determines to be fair and reasonable.

2. If the director is unable to negotiate a satisfactory contract with the best qualified local government entity at a compensation which is determined to be fair and reasonable, negotiations with that local government entity shall be terminated and negotiations undertaken with the second best qualified local government entity. If unable to negotiate a satisfactory contract with the second best qualified local government entity at a compensation which the Office determines is fair and reasonable, negotiations with that local government entity shall be terminated and negotiations undertaken with the third best qualified local government entity. If unable to negotiate a satisfactory contract with the third best qualified local government entity at a compensation which the Office determines is fair and reasonable, negotiations with that local government entity shall be terminated.

The director shall continue the negotiation process with the remaining qualified local government entities, if any, in order of qualifications, until a satisfactory contract is reached. If unable to negotiate a satisfactory contract with any of the qualified local government entities, the Director shall abandon the negotiation process for the required services.

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Sections 4526 and 4528, Government Code.

(I) Amendments

When the director determines that a change in the assignment or contract is necessary during the performance of the services, the parties may, by mutual consent, in writing, agree to modifications, additions or deletions in the general terms, conditions and specifications for the services involved, with an appropriate adjustment in the firm's or local government entity's compensation, if necessary.

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Sections 4526 and 4528, Government Code.

(J) Contracting in Phases

When the director determines it is necessary or desirable for a project to be performed in separate phases, the director may negotiate compensation for the initial phase of the services required; provided, however, the director first determines that the firm selected is best qualified to perform the entire project. The assignment shall include a provision that the Office may, at its option, utilize the firm to perform other phases of the services under terms which the Office determines to be fair and reasonable, to be later negotiated and included in a mutual written agreement. In the

event that the Office exercises its option under the contract to utilize the firm to perform other phases of the project, the procedures of this article regarding estimates of value of services and negotiation shall be followed.

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Section 4526 and 4528, Government Code.

(K) Statewide Participation Goals

In the negotiation of a satisfactory contract as provided in Section 7-191(a)(1)(F) and (G), qualified firm(s) must meet the statewide participation goals for minority, women and disabled veteran business enterprises or demonstrate that a good faith effort was made to meet them. The best qualified firm shall comply with the statewide participation goals or demonstrate a good faith effort as required by the regulations contained in Title 2, California Code of Regulations, Sections 1896.61-1896.67 and 1896.90-1896.96.

NOTE: Authority cited: Section 4526, Government Code; Section 10115.3, Public Contract Code. Reference: Section 4528, Government Code; Sections 10115, 10115.1, 10115.2 and 10115.3, Public Contract Code.

(L) Emergency

When the director makes a finding that the public health, safety or welfare would be adversely affected in a significant way because insufficient time exists within which to implement the foregoing procedure to secure necessary services, the director may negotiate a contract for such services without the necessity of following such procedure, or any part thereof.

NOTE: Authority cited: Sections 129850, 129855 and 18949.3, Health and Safety Code; Section 4526, Government Code. Reference: Section 4526, Government Code.

(M) Unlawful Considerations

Each contract shall include a provision by which the firm or local government entity warrants that the contract was not obtained or secured through rebates, kickbacks or other unlawful considerations either promised or paid to any Office employee. Failure to adhere to this warranty may be cause for contract termination and recovery of damages under the rights and remedies due the Office under the default provision of the contract.

NOTE: Authority cited: Section 4526, Government Code. Reference: Section 4526, Government Code.

(N) Prohibited Relationships

No Office employee who participates in the evaluation or selection process leading to award of a contract shall have a relationship with any of the firms or local government entity seeking that contract, if that relationship is subject to the prohibition of Government Code Section 87100.

NOTE: Authority cited: Section 4526, Government Code. Reference: Sections 4526, 87100 and 87102, Government Code.

Article 7. Testing and Inspection

Testing and inspection requirements are found in the California Building Standards Code.

Article 8. California Building Standards

Architectural, mechanical, electrical, structural, and fire and life safety and accessibility standards are found in the California Building Standards Code.

Article 19. Certification and Approval of Hospital Inspectors

7-200. Administration of Hospital Inspector Examination and Certification.

(a) The Office shall test and certify inspectors in one or more of the following classes:

(1) Class "A" Hospital Inspector may inspect all phases of construction, including: architectural, mechanical, electrical, fire and life safety, and structural elements.

(2) Class "B" Hospital Inspector may inspect only the following phases of construction: architectural, mechanical, electrical, fire and life safety, and anchorage of non-structural elements.

(3) Class "C" Hospital Inspector may inspect only phases of construction which the Office determines do not materially alter the architectural, mechanical, electrical, fire and life safety, or structural integrity of the hospital building.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code

7-201. Location of Office.

All correspondence, applications and remittances related to the certification or recertification of Hospital Inspector shall be directed to: Office of Statewide Health Planning and Development, Facilities Development Division, 1600 Ninth Street, Room 420, Sacramento, CA 95814.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code

7-202. Filing Change of Name, Address, or Telephone Number.

An applicant for the certification examination or a Hospital Inspector possessing a valid certificate issued by the Office, shall file name, mailing address or telephone number changes with the Office in Sacramento within ten working days of that change. The information filed shall include both the new and former name, mailing address, or telephone number.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code

7-203. Applying for the Certification Examination.

(a) An applicant may apply for the Hospital Inspector Certification Exam by submitting, to the Office, the following items prior to the final filing date announced for a scheduled exam:

(1) A completed original application, provided by the Office, shall be submitted to the Office in Sacramento and shall include the exam title, preferred examination location, applicant's name, mailing address and telephone number.

(2) Certificates, affidavits, or transcripts indicating educational courses completed by the applicant which relate to the minimum qualifying requirements stated in Section 7-204.

(3) Work verification form or letter from current and/or previous employer(s) regarding any job which meets the minimum qualifications for the certification examination and which includes the applicant's name, dates of employment, job description and employer's signature.

(4) An "Application Review Fee" in the amount specified on a certification examination announcement for a scheduled exam and pursuant to Section 7-206.

(b) An application which is incomplete or is not accompanied by the required documents and/or fees may be rejected by the Office. The application, documents and fees will be returned to the applicant with a statement of reason for nonacceptance.

(c) Upon review, verification and evaluation of the applicant's qualifications, the Office will notify the applicant, in writing, of eligibility or ineligibility for entrance to the requested certification examination.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code

7-204. Minimum Qualification for Examination.

An applicant must meet the following criteria to be eligible to participate in the certification examination for a Class "A", "B", or "C" Hospital Inspector:

(a) Minimum Qualifications for Class "A" Hospital Inspector Exam:

(1) High school graduation or the equivalent and six years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's, or general contractor's representative in technical inspection or inspection supervision (NOTE: Experience in subsection (a), (1) may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.) or

(2) Possess a valid California registration as a mechanical, electrical, or civil engineer and two years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's, or general contractor's representative in technical inspection or inspection supervision or

(3) High school graduation or the equivalent and two years of working experience as a Class "B" Hospital Inspector or

(4) Possess a valid California registration as a structural engineer or valid California license as an architect.

(b) Minimum Qualifications for Class "B" Hospital Inspector Exam:

(1) High school graduation or the equivalent and four years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's or general contractor's representative in technical inspection or inspection supervision. (NOTE: Experience in subsection (b), (1) may be substituted with college education with major work in architecture, engineering, building inspection and/or construction on a year-for-year basis for a maximum of two years.) or

(2) Possess a valid California registration as a civil engineer and two years experience involving building projects of Type I or Type II construction as an architect's, engineer's, owner's, local building official's or general contractors' representative in technical inspection or inspection supervision or

(3) Possess a valid California registration as a structural, mechanical, or electrical engineer or valid California license as an architect.

(c) Minimum Qualifications for Class "C" Hospital Inspector Exam:

(1) High school graduation or the equivalent and two years experience in building construction or maintenance in a hospital or skilled nursing facility or

(2) Possess a valid California registration as a structural, mechanical, electrical, or civil engineer or a valid California license as an architect.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code

7-205. Transition Plan for Hospital Inspectors.

(a) A Hospital Inspector Certificate or Construction Inspector for Health Facilities Certificate issued by the Office prior to the effective date of these regulations will expire three years from that effective date.

(b) An inspector who holds a valid Class "A" or "B" Hospital Inspector Certificate

(formerly titled "Construction Inspector for Health Facilities" certificate) issued by the Office prior to the effective date of these regulations must pass a Hospital Inspector Recertification Examination within three years of that effective date to maintain valid certification in the same Hospital Inspector class. If an inspector does not comply with this provision within the three-year transition period, the inspector will no longer be certified by the Office to inspect hospital construction and when applicable, shall be subject to the provisions of Section 7-212 (f).

(c) If certification is renewed after the three-year transition period, but within six months past the expiration date of the transition period the Hospital Inspector will be required to pay a delinquency fee pursuant to Section 7-206.

(d) An inspector shall meet the criteria in Section 7-211 (b) in order to participate in the Hospital Inspector Recertification Examination.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code

7-206. Fees.

(a) Fees required pursuant to subsection (b), shall be transmitted by money order, cashier check, certified check, or personal check and payable to the Office of Statewide Health Planning and Development.

(b) The prescribed fees relative to the Hospital Inspector Certification Program shall be specifically charged to the applicant to recover reasonable costs of administering the certification program. Fees shall be charged as follows:

Application Review	\$ 100.00 (non-refundable)
Exam for Class "A" Inspector Certification	\$ 300.00
Exam for Class "B" Inspector Certification	\$ 300.00
Exam for Class "C" Inspector Certification	\$ 100.00
Recertification exam	\$ 100.00
Delinquency Fee	\$ 100.00
Duplicate Certificate	\$ 25.00

(c) An application review fee must accompany an application for a certification examination. This fee is non-refundable.

(d) An exam fee shall be submitted by an applicant for a specified examination prior to participation in the examination.

(e) An applicant shall forfeit the exam fee if the applicant fails to appear for any portion of the exam for which the applicant is scheduled.

(f) If the Office has a need to reschedule an exam, a qualified applicant who has submitted the exam fee prior to the reschedule will be either reimbursed or credited for the exam fee amount.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code

7-207. Examination for Certification.

(a) The Office shall administer an exam not less than once in every calendar year in the Sacramento and Los Angeles areas. The certification exam will consist of a written exam.

(b) The scope of the written certification examination will be to measure the applicant's ability to read and understand construction plans and specifications; ability to identify and understand the application of various California Building Standards Code requirements; ability to display good judgment in work situations; knowledge of appropriate inspector duties and ability to communicate in writing. The test will be divided into sections covering the following code enforcement areas of construction inspection: structural, architectural, mechanical, electrical, fire and life safety, and administrative.

(c) In order to be successful in the certification exam, a candidate must obtain a passing score of at least 75% in each section of the written exam.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code

7-208. Conduct Relative to the Examination.

(a) An applicant who participates in any of the following acts before, during or after the administration of the examination, shall be disqualified by the Office. The applicant shall not:

- (1) Copy any portion of the exam
- (2) Participate in collusion regarding the exam

(3) Disclose the contents of the examination questions to anyone other than a person authorized by the Office

(4) Solicit, accept or compile information regarding the contents of the examination

(5) Falsify documents required for exam entrance

(b) If an applicant is disqualified from the exam, it shall result in denial of the application and forfeiture of fees submitted to the Office as specified in Section 7-206.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code.

7-209. Reexamination.

(a) A candidate who has failed an examination may participate in a reexamination no sooner than six months from the exam previously taken by the candidate.

(b) An applicant or candidate who is disqualified from an examination may not participate in an examination or reexamination for a period of one year from the date of disqualification.

(c) The applicant may refile for an examination by submitting an application, documents and fees pursuant to Sections 7-203 and 7-206.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code.

7-210. Issuance of Certification.

(a) If a candidate is successful in the certification or recertification examination, a certificate will be issued to the Hospital Inspector by the Office. Certificates will expire three years from the date of issuance with the following exceptions:

(1) Certification may be revoked or suspended pursuant to Section 7-214.

(2) Certification obtained prior to the effective date of these regulations shall expire three years from that effective date.

(b) A duplicate certificate will be granted to a Hospital Inspector for replacement of an original certificate that is lost, destroyed or mutilated upon written request and payment of the duplication fee, as required in Section 7-206.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code.

7-211. Renewal of a Hospital Inspector Certificate.

(a) A Hospital Inspector shall participate in a written recertification exam prior to the expiration of the certification, in order to renew and maintain valid certification.

(b) To be eligible for the recertification exam, a Hospital Inspector shall meet the following minimum criteria:

(1) Possess a valid unexpired Hospital Inspector Certificate (or Construction Inspector of Health Facilities Certificate) or an expired certificate which meets the delinquency criteria in subsection (c)

(2) Complete a seminar conducted, sponsored, or cosponsored by the Office within the three-year certification period

(3) Submit a recertification exam fee pursuant to Section 7-206

(c) Expired certification may be renewed after the expiration date, but within six months past that date. The Hospital Inspector will be required to pay a delinquency fee, pursuant to Section 7-206, in order to recertify during the six-month delinquency period.

(d) The scope of the recertification exam will be a written test measuring the Hospital Inspector's knowledge of new and/or revised California Building Standards Codes, new construction materials and inspection procedures.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code.

7-212. Approval of Hospital Inspector of Record for Construction Projects.

(a) It is incumbent upon the hospital governing board or authority and the architect or structural engineer, or both, in responsible charge of the work, or the engineer in responsible charge of the work, to select the appropriate inspector(s) for a

project. The hospital governing board or authority shall submit to the Office an application for each Hospital Inspector of Record proposed to perform construction inspection on a specified hospital construction project. The hospital governing board or authority shall obtain Office approval of proposed Hospital Inspector(s) of Record prior to commencement of the hospital construction project in accordance with Section 7-135.

(b) The Office shall not approve a proposed Hospital Inspector of Record for a specified hospital construction project if the Office determines one of the following:

(1) The Hospital Inspector of Record applicant does not hold a valid Hospital Inspector certificate pursuant to the provisions of these regulations.

(2) The Hospital Inspector is not certified in the class of inspection required for the scope of the construction project.

(3) The Hospital Inspector is a former Office employee pursuant to subsection (c) and is within the one year restriction period governing the Office's approval of an inspector.

(4) The Hospital Inspector is committed to a workload outside the specified hospital construction project and is unable to allot adequate time to perform the work on the specified construction project, as determined by the process set forth in subsection (d).

(5) The Hospital Inspector is the architect or engineer in responsible charge of the work for the construction project specified on the Hospital Inspector of Record application.

EXCEPTION: The Office may approve the architect or engineer in responsible charge of the work, when in the determination of the Office: (A) the project scope, duration and complexity do not merit a separate individual to serve as the Hospital Inspector of Record and (B) the ability of the Office to obtain accurate and impartial inspection will not be jeopardized.

(c) A former employee of the Office who performed field inspections/observations or supervised staff performing field inspections/observations during employment with the Office shall not be approved for a project by the Office as a Hospital Inspector of Record within one year from the effective date of separation from the Office. This includes a permanent or temporary employee who served in any of the following classifications: Compliance Officer, Regional Compliance Officer, Chief Compliance Officer, Fire and Life Safety Officer, Chief Fire and Life Safety Officer, District Structural Engineer, Supervising Structural Engineer or Principal Structural Engineer.

(d) When the Office determines that the cumulative workload of a Hospital Inspector of Record applicant appears excessive and may hinder competent and adequate inspection of a specified hospital construction project, the Office may request that the Hospital Inspector of Record applicant submit a written plan including a work schedule and indicating a means to perform inspection on the specified hospital construction project.

The Office will consider specific work-related factors when reviewing the Hospital Inspector's work schedule to determine approval, pursuant to subsection (b) (5). These work-related factors are limited to the following:

- (1) Geographic location of current work sites
- (2) The scope of current projects
- (3) The current phase of each project
- (4) Number of current projects

(e) When an inspector is approved by the Office, written notification will be sent to the hospital governing board or authority; the architect and/or engineer in responsible charge of the construction project; and the inspector of record applicant. The inspector must be in possession of this approval notice prior to commencement of construction.

(f) A Hospital Inspector of Record who has been approved by the Office must maintain valid certification throughout the term of the specified project in order to remain a Hospital Inspector of Record on the project. The Office shall rescind approval of a Hospital Inspector of Record on a project if the inspector does not comply with this provision.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code.

7-213. Monitoring of the Hospital Inspector of Record's Performance.

When the Office determines that a Hospital Inspector of Record has violated a provision of these regulations or that the inspector is not competently or adequately providing inspection of a facility to ensure the hospital construction is in compliance with the plans and specifications, the Office will notify that inspector, the hospital governing board or authority, and the architect and/or engineer in responsible charge. The written notification will include the Office's findings, reference to the statute and/or

regulation being violated, and statement of the Office's intent to issue a "stop work" order unless the violation ceases and is rectified immediately.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680, 129825 and 129998 Health and Safety Code.

7-214. Suspension or Revocation of Certification.

A Hospital Inspector Certificate issued by the Office may be suspended or revoked by the Office if the certificate holder misrepresents any facts presented to the Office, pursuant to these regulations.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code.

7-215. Appeals.

(a) The applicant, candidate or certificate holder may submit a written request for an appeal within 60 days of any determination by the Office pursuant to Article 19, Chapter 7, Part 1, Title 24 and accompanied by a detailed statement of reasons.

(b) The Deputy Director of the Office or designee shall review the issue and when requested appoint a peer board of appeals to hear the issue and recommend resolution. The Deputy Director will review the recommendation and render a final decision.

(c) The peer board of appeals shall consist of a minimum of three (3) Hospital Inspectors, one (1) Regional Compliance Officer, one (1) Compliance Officer, one (1) architect, one (1) structural engineer, and one (1) hospital representative.

(d) The applicant, candidate or certificate holder may appeal the decision to the Hospital Building Safety Board, pursuant to Section 7-159 of these regulations.

NOTE: Authority cited: Sections 1275, 127010, 127015, 129680, and 129825, Health and Safety Code. Reference: Sections 129680 and 129825, Health and Safety Code.

Article 20. Repair of Earthquake Damage

7-300. Plan Review and Approval.

(a) All repair projects are subject to prior plan review, plan approval and construction permit by the Office except as noted in subsection (b).

(b) For emergency repairs carried out without the Office plan review and permit in the aftermath of an earthquake, an application for plan review must be submitted with construction documents, fees and a letter of transmittal stating the reasons for emergency repairs. Photographs, if available, and reports of damage and repairs should also be submitted with the application. Additional repairs may be required if the emergency repairs do not comply with the code. For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.

(c) Plan reviews for earthquake damage repairs will be performed on a priority basis. The application for plan review should clearly state that the scope of the project is to repair the damage from the earthquake. Where possible, reviews will be made over the counter.

(d) Plan review fees shall be payable for all damage repair projects as per the following:

(1) 1.64 percent of estimated construction costs for hospitals.

(2) 1.50 percent of estimated construction cost for skilled nursing facilities (SNF).

(3) For alternate fee payment methodology, see Section 129787 of the Health and Safety Code.

(4) An examination fee where review of existing plans is required. The fee will be calculated on a time and material basis at the prevailing hourly rates applicable for the review personnel.

(e) Office recommends pre-design conference with architects/engineers to resolve code issues relevant to the repair projects.

NOTE: Authority cited: Section 129850, Health and Safety Code. Reference: Sections 129785, 129787 and 129820, Health and Safety Code.

7-301. Appeals.

The Hospital Building Safety Board shall act as a board of appeals with regard to disagreements between Office and hospital/SNF authorities on interpreting the repair policy or the establishment of the degree of damage. (Section 7-159 of Administrative Regulations for the Office)

NOTE: Authority cited: Section 129850, Health and Safety Code. Reference: Section 129925, Health and Safety Code.

7-302. Pre-1973 Structures.

These hospital buildings were approved for construction by local building departments prior to March 7, 1973.

(a) All structural repairs shall be made to conform to vertical load requirements of the California Building Code (CBC).

(b) Where lateral load resisting capacity of the building at any level is reduced by 5 percent or less due to earthquake damage, the repairs may be made with the same construction as before, subject to structural detailing requirements of the CBC.

(c) Where lateral load resisting capacity of the building at any level is reduced by more than 5 percent but not more than 10 percent due to earthquake damage, the repairs shall be made in accordance with Section 1635A.3 of the CBC. The repaired/reconstructed structural elements shall meet structural requirements using an importance factor of $I = 1.0$. The building after repairs shall be in reasonable compliance with the CBC using an importance factor, I , equal to 0.75.

(d) Where lateral load resisting capacity of the building at any level is reduced by more than 10 percent due to earthquake damage, the repairs shall be made such that the primary structural system and the seismic bracing of other components and systems shall conform to the CBC.

(e) Where earthquake repairs consist of alterations which involve removal of one or more entire stories, permission for repairs will be granted if lateral load resisting capacity of the remaining structure is not reduced. (Section 1635A.5, CBC)

(f) Repair/reconstruction of structures should comply with the design and detailing requirements of engineering materials stated in Chapters 19, 20, 21 and 23 and applicable fire resistive requirements of the CBC.

(g) Epoxy injection repairs require submittal of backup information per Chapter 16A, Section 1603A.7.

(h) Repair of damage to seismic anchorage of equipment and nonstructural items shall comply with the CBC, where practicable, in consultation with the Office.

NOTE: Authority cited: Section 129850, Health and Safety Code. Reference: Section 129725, Health and Safety Code.

7-303. Post-1973 Structures.

These hospital structures were approved for construction by the Office of the State Architect or Office after March 7, 1973. They are also referred to in the regulations as approved existing buildings.

(a) Repairs to the damage shall be made to restore the load carrying capacities of the affected elements per the CBC, where practicable as determined by consultation with the Office. (Section 1635A.1, Exception 3, CBC)

(b) Repair of damage to seismic anchorage of equipment and nonstructural items shall comply with the CBC.

NOTE: Authority cited: Section 129850, Health and Safety Code. Reference: Section 129725, Health and Safety Code.

7-304. Type V Single Story SNF.

(a) All structural repairs shall be made to conform to vertical load requirements of the CBC.

(b) Repair of damage of seismic anchorage of equipment shall comply with the CBC.

NOTE: Authority cited: Section 129850, Health and Safety Code. Reference: Section 129875, Health and Safety Code.

7-305. All Hospital Buildings.

(a) Where architectural, mechanical, electrical, fire and life safety systems and components damaged by the earthquake are to be replaced, new systems and components shall comply with the current applicable Title 24 codes where practicable in consultation with the Office.

(b) Where the repairs to earthquake damage are required in accordance with Sections 7-302 or 7-303, hospital facilities may reopen, after temporary repairs, for a limited period of time subject to the following:

(1) Temporary Repairs: The hazard resulting from damage to the facility is abated and the facility is at least restored to its pre-earthquake condition or its equivalent.

(2) Permanent repairs/retrofit: The hospital successfully negotiates with the Office a time bound plan for the permanent repairs/retrofit of the damaged facilities required by these regulations.

NOTE: Authority cited: Section 129850, Health and Safety Code, Reference: Sections 129725 and 129820, Health and Safety Code.